## **CITY OF CEDARTOWN**

201 East avenue Cedartown, Georgia 30125 Telephone (770) 748-3220 • Fax (770) 748-8962

## BUILDING INSPECTION DEPARTMENT

## APPLICATION FOR SIGN PERMIT

DATE:	
PROJECT TYPE:	
PROJECT ADDRESS:	<del>-</del> 
OWNER	CONTRACTOR:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
TOTAL HEIGHT:	
	<b>.</b>
SIGN DIMENSIONS (OVERALL):s.	_^ f
WALL CICALCIZE.	
SPECIALCONDITIONS:	-
SIGNATURE	
INFORMATION BELOW THIS LINE TO BI	E FILLED IN BY BUILDING DEPARTMENT:
ZONING VERIFICATION:	
NUMBER OF COMPLETE SETS OF	
CONSTRUCTION DOCUMENTS:	
SET BACK OF RIGHT OF WAY:	
	u.
PLAN APPROVALS	
BUILDING PLANS:	
BUILDING DEPARMENT REVIEW BY:	
FOUNDATION PLANS:	
ELEVATIONS:	
	ATION CERTIFICATE NUMBER:
OTHER:	
ADDITIONAL COMMENTS:	